Answers to these questions will provide information helpful in understanding patients' medical problems and complaints, and will help you establish rapport and therapeutic partnerships with military service members and veterans.

Answers to these questions will also provide a basis for timely referral to specialized medical resources.

For additional resources, including selected articles, abstracts, and bibliographies, please consult the following web sites:

Office of Academic Affiliations www.va.gov/oaa/pocketcard/

Veterans Health Initiative Independent Study Courses vaww.sites.lrn.va.gov/vhi/

Office of Public Health and Environmental Hazards vaww.vhaco.va.gov/pubhealth

Information for Veterans about Eligibility for Compensation and Pension Benefits

www.vba.va.gov/bln/21/index.htm

## **General Military Service History**

- Tell me about your military experience.
- When and where do you/did you serve?
- What do you/did you do while in the service?
- How has military service affected you?

If your patient answers "Yes" to any of the following questions, ask:
"Can you tell me more about that?"

- Were you a prisoner of war?
- Did you see combat, enemy fire, or casualties?
- Were you wounded, injured or hospitalized?
- Did you ever become ill while you were in the service?





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## **Unique Health Risks**

### WWII/KOREA

Cold Injury
Exposure to nuclear weapons
(including testing or cleanup)
Chemical warfare agent experiments

### **COLD WAR**

**Nuclear Testing** 

### VIETNAM

Agent Orange Exposure Hepatitis C

### **GULF WARS**

Leishmaniasis

Depleted Uranium (DU)

Exposures to Smoke Leishmaniasis Immunizations Chemical or Biological Agents Depleted Uranium (DU)

### OPERATION IRAQI FREEDOM/ OPERATION ENDURING FREEDOM (OIF/OEF)

Combined penetrating, blunt trauma and burn injuries (blast injuries) Traumatic brain or spinal cord injury Mental health issues Vision loss Traumatic Amputation Multi-drug resistant Acinetobacter

# **Issues of Concern**

It is recommended that certain military service members and all veterans be asked the following questions:

#### GENERAL

- Do you have a claim pending for illness or injury related to your military service?
- Do you have a service-connected condition?
- Do you know how to initiate a claim if you think you might be entitled? (answer: call VBA at 1-800-827-1000)
- Did you participate in any experimental projects?
- Were you exposed to any unusual or toxic substances while in the service?

### **HEPATITIS C VIRUS (HCV) INFECTION**

- Did you have a blood transfusion before 1992?
- Have you ever injected drugs such as heroin or cocaine?

#### HOMELESSNESS

- Where do you live?Is your housing secure?
- Are you in any danger of losing your housing?

### SEXUAL HARASSMENT, ASSAULT AND/OR TRAUMA

- Have you ever experienced physical, emotional, or sexual harassment or trauma?
- Is this causing you problems now?
- . Do you want a referral?

### PTSD (Post Traumatic Stress Disorder)

In your life, have you ever had an experience so frightening, horrible, or upsetting that, in the past month, you...

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily, startled?
- Felt numb or detached from others, activities, or your surroundings?